



Final Report

Interim, Organizational Technical Assistance and Dance on Tour

(Due within 30 days after completion of the grant period)

1. Grant Number: _____ Fiscal Year: _____

2. Project Dates: _____

3. Grantee's Name _____

4. Mailing Address _____

5. City _____ 6. County _____

7. State _____ 8. Zip Code- Plus 4 _____

9. Social Security or FEIN #: _____

10. Phone Number _____

11. Contact Person for this Report _____

12. Contact Person Phone Number _____

13. Fax Number _____

14. E-mail Address _____

15. Please check the program through which you received your grant:

<input type="checkbox"/> Organizational Technical Assistance Grant Program	<input type="checkbox"/> Interim Partnership Grant Program
<input type="checkbox"/> Interim Grant Program	<input type="checkbox"/> Interim Administrative Grant Program
	<input type="checkbox"/> Dance on Tour

16 Number of Individuals who Benefited from this Project _____ Youth _____ Adult _____

17 Dollar amount spent on Arts Education \$ _____

18 Number of Artists Who Participated in this Project _____

19 Financial Report:

Grant Amount Received	\$ _____
Total Cash Expenses	\$ _____
Total Activity Income	\$ _____
Total In-kind Contribution	\$ _____
Total Cost of Activity	\$ _____

I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge.

Preparer's Signature _____ Date _____

(Print Name) _____ Title _____

Mailing Address for Final Project Report

Kentucky Arts Council ▼ Old Capitol Annex ▼ 300 West Broadway ▼ Frankfort, KY 40601-1980 ▼ (502) 564-3757